

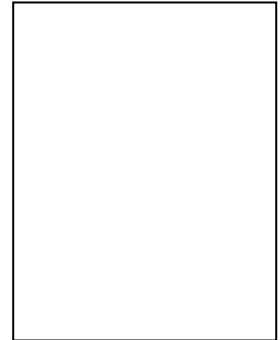


INDIAN SOCIETY OF PERIODONTOLOGY
&
DR. D Y PATIL DENTAL COLLEGE, PUNE
ISP INTEGRATE PUNE 2017



REGISTRATION FORM

19th & 20th AUGUST 2017



Name.....

Faculty

Student

Others

State Council Registration number:

Designation and College address:

.....
.....
.....
.....

City:

State:

Pin:

Mobile:

E-mail:

Registration Fee: 1200/-

Spot registration Fee: 1500/-

Type of Registration: Cash / Online

PAYMENT DECLARATION FOR ONLINE REGISTRANTS

Online transaction ID:

Rupees:

Dated:

Bank Name and Branch:

INSTRUCTIONS:

1. All the delegates need to completely fill the registration form to be eligible to attend the workshop.
2. Kindly affix a recent passport size photograph on the registration form.
3. Entry to the workshop will be restricted only to registered delegates.
4. Delegates doing online registration need to mail the scanned copy of completely filled registration form along with the transaction receipt to ispintegratepune2017@dpu.edu.in or send it to Dr. Sangamithra S on [7721056677](tel:7721056677)
5. Online transactions can be done at-
A/C Name : ISP INTEGRATE PUNE 2017
A/C Number : 917010047286786
IFSC Code : UTIB0001435
Bank name : AXIS BANK LIMITED
Branch name : AJMERA COMPLEX
6. No request for cancellation/transfer of registration will be entertained.

Registration Contact Details:

Dr. Sangamithra S
7721056677/9823816016

Dr. Apeksha Deshpande
9960910414

Dr. Akash Iyer
9637419606

ispintegratepune2017@dpu.edu.in